

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
FINANCIAL AUTHORIZATION  
FOR APPLICATION AND MANAGEMENT OF ENTITLEMENTS AND BENEFITS**

I hereby authorize the South Carolina Department of Disabilities and Special Needs to research and apply for any and all financial aid available to \_\_\_\_\_ not to  
(Client Name)

exceed the cost of services rendered by the South Carolina Department of Disabilities and Special Needs. Financial Aid referred to in this document includes, but is not necessarily limited to, Social Security, Title XIX - Medicaid, VA Pension, Health Insurance, and CHAMPUS.

\_\_\_\_\_  
Signature of Parent/Guardian/  
Other Responsible Party

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone Number

Sworn before me on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC FOR SOUTH CAROLINA  
My Commission Expires\_\_\_\_\_